

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

Attachment 3

Community Service Agency Title XIX Certification
DIRECT SERVICE STAFF OR CONTRACTOR REFERENCE FORM

Instructions: This form is to be completed by an individual who has knowledge about the applicant=s employment history, education or character. The individual giving the reference cannot be a family member. The completed DIRECT SERVICE STAFF OR CONTRACTOR REFERENCE FORM should be sent to the Facility listed in box (1) d) below. All fields are required for the reference to be considered complete.

(1) To be completed by the direct service staff or contractor requesting the reference:	
a). Name of Direct Service Person:	b). Title of Position:
c). Home Address: Street: _____ City: _____ State: _____ Zip: _____ County: _____	
d). Facility Name: _____ City: _____ State: _____ Address Street: _____ Zip: _____ County: _____ <u>Return the reference form to this Facility/Address</u>	
I, _____ (print name) give consent for the individual giving this reference for me to release the information requested in box (2) below to the Facility listed in box (1) d). above. _____ Signature of direct service staff person or contractor requesting the reference Date of Signature	
(2) To be completed by the individual giving the reference:	
a). How long have you known this person? _____ Years _____ Months	d). Please comment on the applicant=s education and training:
b). In what capacity have you known the person? _____ professional _____ personal Comments: _____ _____ other/specify: _____	
c). Please comment on the applicant=s employment history:	e). Please comment on the applicant=s character:

Please attach additional pages if necessary to complete your comments.

Signature of Person Giving Reference

Date of Reference